PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 29, 1999

Application or Docket Number

	PAIENI	e Decemb	(U		0	9/0	177	193					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED		NUMBER	NUMBER EXTRA		E	FEE	1	RATE	FEE	
BASIC FEE								3	45.00	OR		690.00	
TOTAL CLAIMS			45 minus 20= * 25				X\$ 9	=		OR	X\$18=	450	
IND	EPENDENT CL	.AIMS	5 minus 3 = * 2			_	X39:	=		OR	X78=	156	
MULTIPLE DEPENDENT CLAIM PRESENT								_			+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2								L		OR OR	TOTAL	1296	
CLAIMS AS AMENDED - PART II								·		Jort	OTHER	THAN	
	The District of the Annual Control of the Control o	(Column 3)	SMAI	SMALL ENTITY			SMALL ENTITY						
AMENDMENT A		REM/	AIMS AINING TER DMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI	E TI	DDI- ONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	,	Minus	**	=	X\$ 9	=		OR	X\$18=		
AME	Independent	*	N OF M	Minus	*** PENDENT CLAIN	=	X39=	=		OR	X78=		
	FINOT FRESE	NIATIO	IN OF IMIC	DETIPLE DEF	PENDENT CLAIR	//	+130	=		OR	+260=		
			TO1 ADDIT. F				TOTAL ADDIT. FEE						
			ımn 1)		(Column 2)	(Column 3)	ADDI1.1				ADDII. 1 EE1		
AMENDMENT B		REM/	AIMS AINING TER DMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	E TK	DDI- ONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**	=	X\$ 9:	=	·	OR	X\$18=		
	Independent	*		Minus	***		X39=		,	OR	X78=		
	FIRST PRESE	N OF MU	JLTIPLE DEI	+130=	_			+260=					
				TOT			OR	TOTAL					
								EE L		OR ,	ADDIT. FEE		
			IMN 1) AIMS		(Column 2) HIGHEST	(Column 3)							
AMENDMENT C		AF	AINING TER DMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIC	DDI- ONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	<u> </u>	Minus	**	=	X\$ 9=			OR	X\$18=		
	Independent	*		Minus	***	=	X39=				X78=		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						100	+		OR	710-		
* 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+260=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
	The "Highest Num	ber Prev	iously Pai	d For" (Total or	Independent) is th	e highest number f	ound in the	approp	riate box	in col	umn 1.		